

CAMPAIGN EXPENSES

REPORT PERIOD Number 1

Gibbons, Dawn

State Assmebly

25

*Name (print)**Office (if applicable)**District (if applicable)*

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

CAMPAIGN EXPENSES**REPORT PERIOD Number 1**

Gibbons, Dawn

State Assmebly

25

*Name (print)**Office (if applicable)**District (if applicable)***IN KIND****Expenses of \$100 or Less**

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE